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I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Maureen Stretch 26 Charles Street Natick, MA 01760 STRETCH (Феромога пипс 0 APPLICATION NO PILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/702.049 10/30/2000 DEFFREY CONKLIN ET00-007CIP 8546 TITLE OF INVENTION: SYSTEM AND METHOD FOR AUTOMATED, ITERATIVE DEVELOPMENT NEGOTIATIONS APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$0 5665 10/26/2004 EXAMINER ART LINIT CLASS-SUBCLASS MEINECKE DIAZ, SUSANNA M 3623 705-080000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list MAUREEN STRETCH (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form [TO/SB/122] attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set furth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sky Technologies, LLC Boston, MA 🗅 individual Deorporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fco(s) are enclosed: 4b. Payment of Fee(s): Missue Fee LI A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. Of the Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501696 (enclose an extra copy of this form). 5. Change in Endry Status (from status indicated above) ☐ a. Applicant@claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is not claiming SMALL ENTITY status. Sec. e.g., 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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